

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90033 026 ****50.00

20038648



DOCUMENT # L04000004962 1. Entity Name EDMAR INVESTMENTS, LLC			
Principal Place of Business 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319		Mailing Address 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319	
2. Principal Place of Business <i>4605 Norfolk Is. Pine Dr.</i> <small>Suite Apt. #, etc.</small>		3. Mailing Address <i>PO Box 25241</i> <small>Suite Apt. #, etc.</small>	
City & State <i>TAMARAC, Florida</i>		City & State <i>TAMARAC, Florida</i>	
Zip <i>33319</i>		Zip <i>33320</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>X 432040321</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, EDWARD 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, ED 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, MARYELLE 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, CAROLINE 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, CAROLINE 4605 NORFOLK ISLAND PINE DRIVE TAMARAC, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Edward Brown</i>		SIGNATURE: <i>Maryelle Brown</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <i>4/15/05</i> Daytime Phone # <i>954-730-3122</i>	